## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



To be deed for himier reference and annual	
	FOR OFFICE USE ONLY
	Postmark Date: 12 29 31
	Ren acos
Instructions	145119
Print in ink or type.	\$110.00W8
Complete form and return with \$119 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or	\
44.00 AAA 457B	l
<ul> <li>(800) 842-9030.</li> <li>Initial registrations must be submitted within 5 days of (1) comployment as a lobbyist or (2) first action requiring registration. Registrations expire as of lobbyist or (2) first action requiring registration.</li> </ul>	\ \
December 31 unless a renewal is submitted between December 1 and 3 and 3	
31.	\
LIMPAUCE RECTIONA H	2 13 WA 25 Chi.
I. NAME WARDNER PEGINA H	1041505
	<u> </u>
2. BUSINESSPHONE 574-866-4759  Area Code and Phone Number	- ►•3 HT
Area Cambailla india area al 1.0.1	1.00 星麗
3. BUSINESS ADDRESS 3606 OCTAVIA STREET, NOLA	TO CL T State State
	30 000
Sume as above	= <del>C</del>
MAILING ADDRESS Sweet and No. City	State Zip A STATE
	= =
4. EMPLOYER_Solf	
5. EMPLOYER'S ADDRESS SAME US above	
Street and No. City State	Zip .
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent;	(b) the address of each such person, group, or
<ol> <li>LIST BELOW (a) Names of persons, groups, or organizations which you represent, organization you represent; (c) the type of business each is engaged in or the purpose</li> </ol>	se or tunched or the organization of group,
(d) whether or not the client or someone else pays you to lobby.	~
1. Name AMS CUBB CONTRACTOR	41344
500 Evergreen Street West M	me, W 71297
Sum sea	
organization you represent; (c) the type of business each is engaged in or the purpose (d) whether or not the client or someone else pays you to lobby.  1. Name Pants: First Cubs of Street wast Madress 500 Evera reen Street wast M.  Business or purpose Margarette.	
Does this person pay you? U.A.	
Pode tran kerner E-V V	

If No, who pays you?\_

## LOBBYING REGISTRATION FORM



<u>.</u>	Name Jeffasm Parish Public Schools
	Name Jefferm Parish Public Schools Address 501 Manhattan Blod, Harry, la 40048
	Business or purpose School system
	Does this person pay you?
	If Ne, who pays you?
3.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who gays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERÉ

puton file